

FAMILY DAY CARE HOME MONITOR REVIEW FORM

Date of Review: 1 2 3 30-day	Name of Reviewer:
Arrival Time:	Departure time:
Drop In:	Announced: _____ Unannounced: _____

1. Provider's name _____
 Address _____
 _____ Phone _____

Type Home

- A. Registered
- B. Certified
- C. Licensed

2. A. Date of last review ____/____/____
 If applicable, list any problem areas noted during last review.

B. Have these problems been corrected as of today's visit? ☐ Yes ☐ No
 If NO, indicate what follow-up action is necessary and the time frame required for correction.

3. Total number of children currently enrolled. _____

4. Are provider's own children claimed? ☐ Yes ☐ No
 Number of provider's own children _____

5. Type of Home: ☐ Tier I ☐ Tier II ☐ Mixed Tier

6. Eligibility was determined by: ☐ School District ☐ Census Data ☐ Income Application

7. Days of operation: ____ Mon ____ Tues ____ Wed ____ Thur ____ Fri ____ Sat ____ Sun

a. Hours _____ a.m. to _____ p.m.

b. Holidays care is provided: _____

8. Is care provided in shifts? ☐ Yes ☐ # of Hours in shifts _____ to _____
 _____ to _____
 _____ to _____

9. Average number of children served at each meal and scheduled time of service:

	Number of Meals	Times of Meal Service
Breakfast	_____	_____
AM Snack	_____	_____
Lunch	_____	_____
PM Snack	_____	_____
Supper	_____	_____
LN Snack	_____	_____

10. Is the time between meal servings at least 2 hours and no more than 3 hours from meal start time to meal start time?

☐ Yes ☐ No

11. Has the provider attended the Sponsoring Organization's CACFP annual training?

☐ Yes ☐ No Training Date ____/____/____

12. Food Service

- A. How far in advance are menus planned? _____
- B. What food service guidance materials are available at the home? (i.e. Guide to Crediting Foods, Food Buying Guide, etc.) _____
- C. Current month's menus:

(1) Are menus retained on file in the provider's home? ☐ Yes ☐ No

(2) Are all of the required components served for each meal? ☐ Yes ☐ No

If NO, complete the following chart:

Date	Meal Service	Reason for disallowance	# Disallowed

(3) Does the provider demonstrate familiarity with the types and quantities of food required for each type of meal service? ☐ Yes ☐ No

13. Sanitation

A. Are sanitary procedures followed in all aspects of food service? ☐ Yes ☐ No

B. Is the kitchen area kept clean at all times? ☐ Yes ☐ No

C. Method of sanitizing dishes: bleaching method dishwasher

D. Are refrigeration facilities adequate for cold and frozen foods? ☐ Yes ☐ No

E. Is a thermometer available in the refrigerator? ☐ Yes ☐ No Temp ____ deg.

F. Is a thermometer available in the freezer? ☐ Yes ☐ No Temp ____ deg.

G. Are frozen perishable foods thawed under refrigeration? ☐ Yes ☐ No

- H. Are all insecticides, polishes and cleaning compounds stored in an area separate from food and in an area that is not accessible to children? ☐ Yes ☐ No

14. Space, Facilities and Equipment

- A. Is there adequate dry storage for food items? ☐ Yes ☐ No
 B. Is dining space adequate for the number of children enrolled? ☐ Yes ☐ No
 C. Is there working equipment for heating food? ☐ Yes ☐ No
 D. Is a sink with running hot and cold water available? ☐ Yes ☐ No

15. Handwashing

- A. Do meal preparers practice proper handwashing techniques? ☐ Yes ☐ No
 B. Do children practice proper handwashing techniques? ☐ Yes ☐ No

16. Meal Service

- A. For the meal service observed, **record the types and quantity of food prepared.**

Meals	Requirements for Meals	Food Used
Breakfast	Milk	
	Fruit/Vegetable, Juice	
	Bread	
Lunch or Supper	Milk	
	Meat/Meat alternate	
	Vegetable/Fruit	
	Vegetable/Fruit	
	Bread	
Snack	Milk	
(select two of the four	Meat/Meat alternate	
Components)	Bread	
	Fruit/Vegetable or Juice	

Note: If infant participates in meal served from the kitchen (table food), please list foods served.

- B. Record the **food items served** for infant meals:

Infants			
Food Items Served			
Meal Components	Birth Through 3 Months	4 Through 7 Months	8 Through 11 Months
Iron-Fortified Formula/Breast Milk/ Whole Milk			
Infant Cereal/Bread			
Fruit/Vegetable			
Fruit/Vegetable			
Meat/Meat Alternate			

C. Is at least one required component of the infant meal pattern supplied by the family day care home (or the mother if breast-feeding) for claimed infant meals? ☐ Yes ☐ No

D. Were there any meals deducted during this visit? ☐ Yes ☐ No

If YES, how many? _____ Breakfast _____ AM Snack _____ Lunch
 _____ PM Snack _____ Supper _____ LN Snack

E. Note if any missing components or insufficient quantities of food are observed in today's meal service:

F. Number of infants served: _____ Number of children served: _____

17. Recordkeeping

A. Are daily meal count records kept for the number of meals served to children? ☐ Yes ☐ No

B. Are accurate attendance records maintained on enrolled children? ☐ Yes ☐ No

C. Are current CACFP enrollment forms on file for all children? ☐ Yes ☐ No

D. Are these records given to the Sponsoring Organization on a regular basis as provided for in the Agreement between the Sponsoring Organization and the day care home? ☐ Yes ☐ No

E. Please complete chart below

Children with a current CACFP Enrollment Form at the Sponsor Office	Enrollment Form located at Provider's Home	Participated in the Observed Meal Service

18. List the meal counts for each of the preceding five serving days for the meal types for which the provider is approved:

Date	Number of meals recorded for each meal service for which provider is approved:					
	Breakfast	AM Snack	Lunch	PM Snack	Supper	LN Snack
Total meals by type						
Avg.						

Note: To determine the average, total each meal type column and divide by 5, then round up.

A. What was the meal count for the meal you **observed** on the day of the monitor review? _____

B. Do the meal counts for the prior five days appear reasonable when compared to today's meal count? ☐ Yes ☐ No

If NO, obtain and record provider's explanation and describe corrective action

C. Are the children listed on the sign in/out sheet the same as the children claimed on the Menu for the five (5) previous days? ☐ Yes ☐ No

D. Current **Participation for meal observed** by racial/ethnic group

Black	Hispanic	American Indian or Alaskan	Asian or Pacific Islander	White Not Hispanic	Total Should match 18A

E. Is there a copy of the agreement between the Sponsoring Organization and the day care home on file in the provider's home? ☐ Yes ☐ No

19. Household Contacts

In the review of documentation and/or this visit, have any of the following occurred?

A. Inconsistencies between sign in sheets and meal count records for which there is no reasonable explanation. ☐ Yes ☐ No

B. There have been recent unsuccessful monitor review attempts for this provider? ☐ Yes ☐ No

Attachment 1-Y

- C. Income Applications (if applicable) and enrollment forms for children in the provider's care appear to have been altered in writing, with white out, or with correction tape?
☐ Yes ☐ No
- D. A review of the provider's meal counts for the previous claim month indicates that one or more meal types are identical for 15 or more consecutive days?
☐ Yes ☐ No
- E. According to the answers above, are household contacts required for this provider?
 If NO, please go to question #20. ☐ Yes ☐ No
- F. If YES, what method do you plan to use to conduct the household contacts?
☐ Mail Survey
☐ Telephone Survey
- G. How many household contacts must be conducted? _____
- H. Was corrective action necessary as a result of household contacts? Yes No
- I. If YES, what form of corrective action was taken?
 Follow-Up Review Yes No
 Sponsor provided technical assistance Yes No
 Provider was termed seriously deficient Yes No
 Provider was suspended Yes No
 Propose to Terminate and Disqualify provider Yes No

20. Civil Rights

- A. Are admission and placement criteria and procedures nondiscriminatory? ☐ Yes ☐ No
- B. Is the "And Justice for All" poster on display? ☐ Yes ☐ No
- C. Is the "Building for the future" poster on display? ☐ Yes ☐ No
- D. Is the Civil Rights Grievance Report form on display? ☐ Yes ☐ No
- E. Is there any separation by race, color, national origin, sex, age or disability? ☐ Yes ☐ No
- F. In the opinion of the reviewer based on information obtained by personal observation, does the facility appear to be in compliance with Title VI of the Civil Rights Act of 1964?
☐ Yes ☐ No

If NO, explain _____

21. Provide a summary of monitor review findings. A section has also been provided for you to list the center's strengths that you observed. If a follow-up review is necessary, it must be documented on a separate monitor review form. **Serious problems indicating imminent health and safety issues must have a follow-up immediately—within 24 hours.** Items that trigger a household contact must have a follow-up review within 60 days. All other problems identified should have a follow-up review within 30 days.

SUMMARY OF FINDINGS			
Review Item #	Corrective Action (CA) Needed	C.A. Due Date	Follow-up Visit Due Date

Provider Signature	Date
Sponsoring Organization Representative Signature	Date